Complete Summary

GUIDELINE TITLE

Screening for cervical cancer. In: Canadian consensus guidelines on human papillomavirus.

BIBLIOGRAPHIC SOURCE(S)

Murphy KJ, Howlett R. Screening for cervical cancer. In: Canadian consensus guidelines on human papillomavirus. J Obstet Gynaecol Can 2007 Aug;29(8 Suppl 3):S27-36.

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Human papillomavirus infection
- Cervical cancer

GUIDELINE CATEGORY

Prevention
Screening

CLINICAL SPECIALTY

Family Practice
Infectious Diseases

Internal Medicine
Obstetrics and Gynecology
Pediatrics
Preventive Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Nurses
Physician Assistants
Physicians
Public Health Departments

GUIDELINE OBJECTIVE(S)

To promote guidelines for health care providers on the key aspects of human papillomavirus (HPV) infection and the management of HPV-related disease in the new era of vaccine availability

TARGET POPULATION

- Sexually active women and adolescent girls
- Women in populations with low rates of screening, such as Aboriginal groups, older women, newcomers to Canada, and marginalized women

INTERVENTIONS AND PRACTICES CONSIDERED

1. Screening for cervical cancer with cervical cytology (Papanicolaou [Pap] testing), and liquid-based cytology (LBC)
2. Use of human papillomavirus testing as a primary screening test for cervical cancer

MAJOR OUTCOMES CONSIDERED

- Incidence of cervical cancer
- Morbidity and mortality associated with squamous cell carcinoma of the cervix
- Accuracy and reliability of screening tests for cervical cancer
- Mortality

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Medline and Cochrane databases were searched for articles from January 1995 to March 2007 on subjects related to Human papillomavirus (HPV) infection, HPV

vaccination, HPV-related disease, Pap testing, and specific consideration of management.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Quality of Evidence Assessment*

I: Evidence obtained from at least one properly randomized controlled trial.

II-1: Evidence obtained from well-designed controlled trials without randomization.

II-2: Evidence obtained from well-designed cohort (prospective or retrospective) or case–control studies, preferably from more than one center or research group.

II-3: Evidence obtained from comparison between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be regarded as this type of evidence.

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

* The quality of evidence reported in these guidelines has been adapted from The Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

All study types were reviewed. Randomized controlled trial results were considered evidence of the highest quality, followed by results of cohort studies. Key individual studies on which the recommendations are based are referenced. Supporting data for each recommendation were summarized with evaluative comments and references.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Classification of Recommendations*†

A. There is good evidence to recommend the clinical preventive action

B. There is fair evidence to recommend the clinical preventive action

C. The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making

D. There is fair evidence to recommend against the clinical preventive action

E. There is good evidence to recommend against the clinical preventive action

I. There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making

*Woolf SH, Battista RN, Angerson GM, Logan AG, Eel W. Canadian Task Force on Preventive Health Care. New grades for recommendations from the Canadian Task Force on Preventive Health Care. Can Med Assoc J 2003;169(3):207-8.

† Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on Preventive Health Care.

COST ANALYSIS

A formal cost analysis is included in *Chapter 7: Cost-Benefit Analysis of HPV Vaccination* in the original guideline document.

METHOD OF GUIDELINE VALIDATION

Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

These guidelines were prepared by the HPV Consensus Guidelines Committee and approved by the Executive and Council of the Society of Obstetricians and Gynaecologists of Canada.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The grades of recommendations (A-E and L) and levels of evidence (I, II-1, II-2, II-3, and III) are defined at the end of the "Major Recommendations" field.

1. The provincial and territorial governments of Canada should implement a publicly funded, organized, population-based cervical cancer screening system in order to move from opportunistic towards organized screening. **IA**
2. Recommendations for best evidence screening practice based on pan-Canadian data should be made and updated regularly in collaboration between specialty societies and governmental agencies. **IA**
3. The existing screening systems are successful in reducing the incidence in mortality of cervical cancer and should be preserved without major alterations. **IA**
4. An HPV vaccination database should be integrated with a cervical cancer screening database, in order to ensure evaluation of vaccination utility at a population level. **IA**
5. Type-specific HPV testing should be made available within an appropriate algorithm to eligible women in all provinces and territories. **IIIA**
6. Liquid-based cytology (LBC) should be made available in all provinces and territories and facilitate reflex HPV testing when appropriate. **IA**
7. Cervical cancer screening programs should focus on implementing innovative and effective strategies to increase recruitment of women in populations with low rates of screening, such as Aboriginal groups, older women, newcomers to Canada, and marginalized women. **IA**

Definitions:

Levels of Evidence*

I: Evidence obtained from at least one properly randomized controlled trial.

II-1: Evidence obtained from well-designed controlled trials without randomization.

II-2: Evidence obtained from well-designed cohort or case–control studies, preferably from more than one center or research group.

II-3: Evidence obtained from comparison between times or places with or without the intervention. Dramatic results in uncontrolled experiments (such as the results of treatment with penicillin in the 1940s) could also be regarded as this type of evidence.

III: Opinions of respected authorities, based on clinical experience, descriptive studies, or reports of expert committees.

*The quality of evidence reported in these guidelines has been adapted from The Evaluation of Evidence criteria described in the Canadian Task Force on Preventive Health Care.

Grades of Recommendations* †

A. There is good evidence to recommend the clinical preventive action

B. There is fair evidence to recommend the clinical preventive action

C. The existing evidence is conflicting and does not allow to make a recommendation for or against use of the clinical preventive action; however, other factors may influence decision-making

D. There is fair evidence to recommend against the clinical preventive action

E. There is good evidence to recommend against the clinical preventive action

I. There is insufficient evidence (in quantity or quality) to make a recommendation; however, other factors may influence decision-making

* Woolf SH, Battista RN, Angerson GM, Logan AG, Eel W. Canadian Task Force on Preventive Health Care. New grades for recommendations from the Canadian Task Force on Preventive Health Care. Can Med Assoc J 2003;169(3):207-8.

† Recommendations included in these guidelines have been adapted from the Classification of Recommendations criteria described in the Canadian Task Force on Preventive Health Care.

CLINICAL ALGORITHM(S)

The original guideline document contains a clinical algorithm for management of women with low grade squamous intraepithelial lesion (LSIL) in special circumstances.

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Early detection of and intervention for cervical cancer

POTENTIAL HARMS

False positive and false negative diagnostic test results

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This document reflects emerging clinical and scientific advances on the date issued and is subject to change. The information should not be construed as dictating an exclusive course of treatment or procedure to be followed. Local

institutions can dictate amendments to these opinions. They should be well documented if modified at the local level. None of these contents may be reproduced in any form without prior written permission of the Society of Obstetricians and Gynaecologists of Canada (SOGC).

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

IMPLEMENTATION TOOLS

Clinical Algorithm

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Murphy KJ, Howlett R. Screening for cervical cancer. In: Canadian consensus guidelines on human papillomavirus. J Obstet Gynaecol Can 2007 Aug;29(8 Suppl 3):S27-36.

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2007 Aug

GUIDELINE DEVELOPER(S)

Society of Obstetricians and Gynaecologists of Canada - Medical Specialty Society

SOURCE(S) OF FUNDING

The development of this consensus guideline was supported by unrestricted educational grants from Cytyc Canada, Digene Corporation, Graceway Canada, GlaxoSmithKline Inc., Merck Frosst Canada Ltd., and Roche Diagnostics Canada.

GUIDELINE COMMITTEE

HPV Consensus Guidelines Committee

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Primary Authors: K. Joan Murphy, MD, FRCSC, Toronto ON and Robbi Howlett, MSc, OhD, Toronto, ON

Committee Members: Deborah M. Money, MD, FRCSC (*Chair*) Vancouver BC; Michel Roy, MD, FRCSC (*Chair*) Quebec City QC; Lisa Allen, MD, FRCSC, Toronto ON; Monica Brewer, MD, Quispamsis NB; Peter Bryson, MD, FRCSC, Kingston ON; Gerald Evans, MD, FRCSC, Kingston ON; Jean-Yves Frappier, MD, FRCSC, Montreal QC; Mary Anne Jamieson, MD, FRCSC, Kingston ON; Charles Lynde, MD, FRCPC, Markham ON; K. Joan Murphy, MD, FRCSC, Toronto ON; Diane M. Provencher, MD, FRCSC, Montreal QC; Michael Shier, MD, FRCSC, Toronto ON; Marc Steben, MD, Montreal QC; Robert Lerch, Public Health Agency of Canada, Ottawa ON; André Lalonde, MD, FRCSC, Executive Vice-President, Ottawa ON; Vyta Senikas, MD, FRCSC, Associate Executive Vice-President, Ottawa ON

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Disclosure statements have been received from all members of the committees.

ENDORSER(S)

Canadian Association for Adolescent Health - Medical Specialty Society
Canadian Pediatric and Adolescent Gynaecology and Obstetrics Committee - Medical Specialty Society
Federation of Medical Women of Canada - Professional Association
Quebec Association of Pediatricians - State/Local Government Agency [Non-U.S.]
Society of Canadian Colposcopists - Professional Association
Society of Gynecologic Oncologists of Canada - Disease Specific Society

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Society of Obstetricians and Gynaecologists of Canada Web site.

Print copies: Available from the Society of Obstetricians and Gynaecologists of Canada, La société des obstétriciens et gynécologues du Canada (SOGC) 780 promenade Echo Drive Ottawa, ON K1S 5R7 (Canada); Phone: 1-800-561-2416

AVAILABILITY OF COMPANION DOCUMENTS

None available

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on July 7, 2009. The information was verified by the guideline developer on July 14, 2009.

COPYRIGHT STATEMENT

DISCLAIMER

NGC DISCLAIMER

The National Guideline Clearinghouse™ (NGC) does not develop, produce, approve, or endorse the guidelines represented on this site.

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at http://www.guideline.gov/about/inclusion.aspx .

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

Copyright/Permission Requests

Date Modified: 8/10/2009